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ABSTRACT

The importance of integrating developmental research and social policy is becoming increasingly evident as researchers focus on ways to address the needs of children and families. This article discusses these developments, focusing not only on the possibilities but also on the challenges inherent in bridging the disparate worlds of research and social policy. It is noted that many researchers are monitoring the well-being of children and directing their work toward the understanding of how social problems contribute to mental dysfunction, including fragmentation of the family and poverty. The chapter then focuses on studies and policy responses to two societal changes that have had a profound effect on family life: maternal employment and divorce. The School of the 21st Century program is described as an example of the integration of research and the policy process. Several examples of the opportunities that now exist for researchers and service providers are noted to contribute to the development of programs and policies for children and families. In conclusion, the effectiveness of researchers and service providers is dependent on a thorough knowledge of the developmental research as well as familiarity with and understanding of the social policy process. Their ability to work with policymakers is also critical. Contains over 100 references. (SD)

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Policy Efforts to Enhance Child and Family Life: Goals for 2010

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The importance of integrating developmental research and social policy is becoming increasingly evident as educators as well as researchers and clinicians in psychology and other related disciplines focus on ways to address the needs of children and families. Concern for the well-being of children is not new. During the past 30 years in particular, but even earlier as well, children have been cited as a neglected group, and numerous study panels have called for greater recognition of the problems they face (e.g., Joint Commission on Mental Health of Children, 1969; National Commission on Children, 1990; President's Commission on Mental Health, 1978; Select Panel for the Promotion of Child Health, 1981). As we near the beginning of the 21st century, the concern for children and families has taken on a sense of urgency. Many researchers are actively monitoring the well-being of children and directing their work toward the understanding of how social problems contribute to mental dysfunction as well as to finding ways to enhance child and family life.

In this chapter, we discuss these developments, focusing not only on the possibilities but also on the challenges inherent in bridging the disparate worlds of research and social policy. We provide several examples of the opportunities that now exist for researchers and service providers to contribute to the development of programs

and policies for children and families. We note that their effectiveness in this regard is dependent on a thorough knowledge of the developmental research as well as their familiarity and understanding of the social policy process and their ability to work with policymakers.

Background

The interest in social policy among professionals in disciplines related to child and family life can be traced to a number of developments, a major one of these being the implementation during the 1960s and 1970s of federally sponsored social programs such as Project Head Start (Zigler & Muenchow, 1992; Zigler & Styfco, 1993; Zigler & Valentine, 1979). The growth in the number of such programs, as well as the funds made available for them, enabled developmental psychologists and professionals from other disciplines to apply their knowledge and training to such areas as program development and evaluation, which had not previously received their attention (Phillips, 1987; Salkind, 1983; Takanishi, DeLeon, & Pallak, 1983). In another development, new lines of research led to the appreciation that children do not develop in a vacuum. They grow up within the social context and are influenced by various aspects of their immediate environment as well as by the more remote social institutions such as the school, neighborhood, the workplace, government, and the mass media (Bronfenbrenner, 1979). This realization gave impetus to ecological studies and the compilation of information on children's behavior, achievement, and physical and mental health (Miringoff, 1993; Zill, Sigal, & Brim, 1983). *Healthy People 2000* and its offshoot, *Healthier Youth by the Year 2000*, are examples of such projects, focusing not only on the identification of objectives to promote the health and well-being of children and youth but also on the compilation of data to help ascertain the most pressing of problems faced by children and their families.

Scope of the Problem

On the basis of the information made available through such efforts, it has become apparent that an ever-growing number of

children and adolescents in the United States face serious problems. *Healthy People 2000*, in its *Midcourse Review and 1995 Revisions* (U.S. Department of Health and Human Services, Public Health Service [DHHS], 1995), cites some progress that has been made in recent years in such areas as infant mortality rates, but notes also that much more needs to be done to address unintentional injuries, homicides, and suicides among children and youth, as well as other problems such as teen pregnancy and substance abuse. Other reports, such as *The Index of Social Health* (Miringoff, 1993), document the fact that although in other countries there has been significant progress in meeting the needs of children in such areas as health, education, social welfare, and economic well-being, the social health of children in the United States has declined, with children being much worse off today than they were in the 1980s.

Of particular concern is the growing incidence of mental health problems among children and youth. A committee of the Institute of Medicine (1989), convened at the request of the National Institute of Mental Health (NIMH), studied the mental health status of children and adolescents in the United States. It found that at least 12% of children under age 18 (7.5 million children) have a diagnosable mental illness and that many other children exhibit broader indicators of dysfunction, including substance abuse, teen pregnancy, and school dropout, which the committee defined as consequences of or risk factors for developing mental disorders. Kazdin (1993), in a review of recent epidemiological studies, indicates that the problem is larger in scope. He estimates that 17%-22% or approximately 11 to 14 million children under age 18 suffer developmental, emotional, and behavioral problems.

The fact that so many children are affected by mental disorders suggests that the problem is widespread nationally. The fiscal costs of this problem to society are difficult to estimate, in part because mental health disorders often occur in conjunction with other problems such as substance abuse, making it hard to separate the costs of treatment associated with each disorder. However, studies that are available suggest that the costs of childhood mental disorders are staggering. Rice, Kelman, and Dunmeyer (1990), for example, found that treatment services for mentally ill children aged 14 and under exceed $1.5 billion a year, a figure also cited by *Healthy People 2000* (DHHS, 1991). Others suggest that the costs are much higher; besides treatment costs, there are indirect costs

and costs for nonhealth services, which are borne by families, the schools, the juvenile justice system, and other social institutions (Office of Technology Assessment, 1986). Mental health disorders in children are not only costly, they also place an emotional burden on individuals, families, and society at large.

Contributing Factors

Perhaps even more significant than the findings on the prevalence and cost of childhood mental disorders are the findings on the factors that contribute to the development of such disorders. More research is needed to unravel the causes and determinants of mental health problems among children and adolescents. However, the available evidence suggests that biological, psychological, social, and environmental factors are implicated as causal agents. In some cases, an interaction between these factors exacerbates children's vulnerability to mental disorders. Among an increasing number of children, social and environmental risk factors are involved in the onset of mental dysfunction (Tuma, 1989). Included among these are risk factors that are all too common among children growing up today: prolonged separations between the parent and child (Tennant, 1988), physical or sexual abuse (Allen & Oliver, 1982; Kashani, Beck, & Hoepper, 1987), poverty (Garmezy, 1985; Rutter, 1976), marital discord (Wallerstein, 1988), instability in the family environment (Rutter, 1987), and a variety of other stressors related to family life (American Psychiatric Association, 1987; Institute of Medicine, 1989; Tuma, 1989). A child experiencing such stressful conditions may suffer emotional distress and/or behavioral disturbances for a relatively short period of time (Rutter, 1983), but sometimes and among some children, there are long-term, serious consequences. Whereas children who experience one of the above risk factors may not be any more likely to suffer serious consequences than children with no risk factors, the more risks or stressors that are present in children's lives, the greater the probability of long-term damaging outcomes (Rutter, 1980).

It is also noted that some of the above risk factors compound other problems that, when they occur in isolation, may have no negative effects. For example, some infants experience central nervous system difficulties. These may be overcome if the infants

are reared in stable and supportive environments but are exacerbated if they are raised in unstable, poor education, low-income, or otherwise stressful family environments (Sameroff, Seifer, & Zax, 1987). Likewise, premature low birth weight babies, who are more vulnerable to environmental insufficiencies than are full-term babies, may experience developmental problems if they are reared by unresponsive adults but may suffer no negative consequences if they receive appropriate care.

Changes in Family Life. These research findings have important implications because many children today face potentially damaging experiences that stem from difficult conditions in family life (Tuma, 1989). During the past 30 years, our society has undergone economic and social changes that have transformed the structure of the family and the roles and responsibilities of men and women. These changes have made child rearing a more challenging task than it had been in the past and have created stressful conditions for children and adults.

One of the changes affecting family life has been the increased fragmentation and isolation of the family. This is especially evident in high rates of divorce among families with children, as we discuss later in the chapter. It is also evident in the growth in the number of single-parent families. Single-parent families are generally characterized by female heads of household, poverty, and the presence of young children (Burns & Scott, 1994; U.S. Bureau of the Census, 1988). Currently, one of every four children in the United States lives in a single-parent family, and among African Americans, the numbers are one of every two children (National Center for Children in Poverty, 1993). A related change in family life is the isolation and lack of social support that many families are experiencing. This has occurred in part because people move frequently in search of employment and often they do not remain in any one place long enough to establish close relationships (Gormley, 1995; National Commission on Children, 1990). As a result, many families no longer live near or have access to the support and assistance of friends and relatives. Referred to by some as a decrease in "social capital" (Coleman, 1987), the lack of social support is notable, because having access to a support system often mediates the negative consequences of stress (Garmezy, 1985; Gore, 1980).

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Many families, especially those with young children, are also experiencing serious economic difficulties, and many of them live in poverty. In part, this is due to the increase in single-parent families. Other contributing factors are cuts in public assistance and a scarcity of well-paying jobs, which have led to a decline in the real value of family income (Children's Defense Fund, 1993). This is emphasized in a recent report (Women's Bureau, 1994) that indicates in 71% of two-parent families, both parents have to work just to meet the family's basic needs. Among single-parent families, the parent's need to work is even more acute because, often, the one parent is sole supporter of the children (National Commission on Children, 1990).

The decline in real income and the increase in the number of families in poverty affect adults and children. For children, the consequences are particularly serious because a significant percentage of families in poverty are those with young children. According to the U.S. Bureau of the Census (1988), the poverty rate of young families has almost doubled between 1968 and 1988 and continues to be a major problem in the 1990s (National Center for Children in Poverty, 1993).

The ramifications of living in poverty are numerous and include assaults on children's physical and mental health (Huston, McLoyd, & Garcia-Coll, 1994). Margolis and Farran (1985) found that in many families, a drop in income leads to poor health care for the children. Klerman (1991) found that poor families have no access to health care and that other conditions associated with poverty, such as lack of money to spend on health-promoting activities, hunger, and lack of transportation and adequate housing further exacerbate the problem. The result: Poor children experience more health problems and have a higher mortality rate.

There is also a powerful albeit indirect link between poverty and mental health disorders (McLeod & Shanahan, 1993), leading to the conclusion that poverty is one of the major risk factors in such disorders (Albee, 1986; Rutter, 1976). Although at one time mental dysfunction, low achievement, and other problems associated with poverty were discussed in terms of assumed negative traits of poor children, researchers now realize that the major sources of psychopathology associated with poverty stem from environmental stresses and feelings of powerlessness and frustration (Albee, 1986). It is further noted that among poor families, there is a high in-

cidence of poor prenatal care, low birth weight, and malnutrition (Brown, Gershoff, & Cook, 1992), which are known to contribute to children's vulnerabilities to environmental stress (DHHS, 1991; Institute of Medicine, 1989).

Need for Policies to Enhance Child and Family Life: Contributions From Research

The stressful conditions noted above are just a few examples of the changed circumstances under which many children live. Other potentially damaging conditions are discussed later in the chapter. Although the majority of families are affected by these changes in family life, social policies in the United States have not kept pace with societal changes. Our society is, as a result, in a state of disequilibrium wherein social policies are not in synchrony with the realities of family life (Hoffman, 1989).

It is this disequilibrium that is creating difficulties for families. Admittedly, not all mental health and other problems children experience stem from such difficulties. There are other contributing factors, some of which are elaborated on elsewhere in this book. However, the stressful conditions under which many children live place a burden on children's ability to cope with the demands of school, the family, and relationships with peers.

The problems that emanate from the changing conditions of family life touch on economic realities, traditions, and institutional structures, to name just a few aspects, so solutions may come about slowly (Zeitlin, 1989). Nevertheless, professionals in disciplines related to children's development can contribute to the enhancement of family life in several ways.

Monitoring the Status of Children and Families

One such contribution may be the monitoring of the needs of children and families and the services available to meet these needs. The importance of this activity is illustrated in the *Healthy People 2000* project and other similar efforts, which provide useful information on the basis of which policy decisions may be made and actions taken on behalf of children and families. In *Healthy People*

2000, for example, the focus is on the identification of specific goals that help shape the research agenda, training activities, and the provision of services designed to address needs. Similar activities are undertaken by other organizations. The National Center for Children in Poverty (1995), for example, examined how various states are promoting the healthy development of children, finding that eight states have developed exemplary strategies and that several others have made significant investments in programs designed to meet the needs of children and families. This kind of service-tracking study is a useful indicator of state commitment to addressing the needs of children and may be used to spur action in other states as well.

At times, monitoring activities illuminate systemic changes that may be necessary. Knitzer (1993), in her description of the Children's Defense Fund's analysis of children's mental health problems and services, notes that the study "highlighted systemic problems and underscored the need to invent a children's mental health system that would be more responsive to the children and families using it" (p. 9). Such study can lead to the implementation of changes. However, this is not always the case. Thompson and Wilcox (1995), in their analysis of federal support for child maltreatment research, noted that despite the importance of research to provide greater understanding of this social issue, as well as the increase in public awareness of the scope of the problem of child abuse and neglect, federal support for research and demonstration studies in the area has actually waned in recent years. Thus, it is evident that awareness of the problem and the identification of the needs of children are, in and of themselves, not always sufficient, but they are necessary first steps in the policy process.

Use of Research

Child and family life may also be enhanced if we direct attention to the study of children's responses to various conditions under which they live. This focus on research is important. It can provide an understanding of how children are affected by different conditions and of why some children are able to cope with difficulties in their lives whereas other children succumb (Garmezy, 1985). The research can also illuminate the ways children cope with problems so that we can devise useful strategies for intervention and prevention. Although there are many examples of how scientific research can be a constructive force in the policy process, given the limited scope of this chapter, we will discuss studies and policy responses to only two societal changes that have had a profound effect on family life: maternal employment and divorce.

Maternal Employment

Maternal employment has had a profound effect not only on family life but on society in general. This phenomenon, related in large part to the economic hardships faced by many families as well as to other societal changes, is especially apparent among women who have young children. For women with school-age children, full-time employment has been relatively common for about two decades, but even among these women, there has been an increase in employment, with upward of 75% (up from 65% in 1965) of such mothers now working out of the home (Bureau of Labor Statistics, 1992). In 1950, the percentage of women with children under age 6 who were working out of the home was 11.9%; by 1987, it had grown to 56.8%, and in 1992, it was 58% (Bureau of Labor Statistics, 1992).

The increase in the number of working mothers has been especially significant among those with infants. In 1987, 31% of women with infants a year old and under were working, and today 54% of them are in the workforce, with many of them returning to work within a few weeks of the birth of the baby. It is projected that 93% of working women of childbearing age will become pregnant during this decade, so the number of mothers with infants returning to work will increase (Hofferth & Wissoker, 1992).

The research on the effects of maternal employment on children indicates that in and of itself maternal employment is not necessarily associated with negative or positive effects on children (Greenberger & Bronfenbrenner, 1989; Hoffman, 1989). Rather, parental attitudes to the mother's employment are more significant in their effects on children than is the mother's employment status (Hoffman, 1986, 1989).

But researchers point out that although maternal employment appears to be benign in its effects on children, in many dual-worker families both the parents and the children experience an inordinate amount of stress. The stress stems from the fact that although

women have assumed new roles within the workplace, they have not abdicated their traditional responsibilities to family life and child rearing. This has resulted in role conflict and guilt among mothers in particular (Hoffman, 1989; Moen & Dempster, 1987), as well as changes in lifestyle and difficulties that permeate the whole family system. Studies have found that close to 40% of employed parents, both women and men, indicate that they experience severe conflict, guilt, and stress (Friedman, 1987). For children, this state of affairs means that not only do they have less time with their parents, but they are also affected by the fact that their parents are under stress from trying to do too much.

Not only families but also other institutions are affected by the increase in women's participation in the out-of-home labor force. Employers, anxious about worker productivity, are concerned about women who are juggling work and family responsibilities, and some employers are also beginning to realize that they may be losing valued female employees when child rearing conflicts with full-time work. Other institutions, such as the school, have to implement changes to accommodate the needs of children not only during school hours but also before and after school (Zigler, 1987, 1989). Additionally, changes have occurred in some professions that were previously associated with flexible work schedules that enabled mothers to work and at the same time rear their children. Teachers, for example, are finding that they have to extend their workday and thus disrupt their own family life because many of their students' parents are working and unavailable for parent conferences and other school events during the day (Zeitlin, 1989).

Increased Demand for Child Care. Although there are several difficulties associated with women's participation in the labor force, none are as significant as the unprecedented demand for child care services. Today, child care is one of the most widely recognized social problems. Virtually everyone, from working parents to chief executives of major corporations, is discussing the lack of good-quality, affordable child care services. Two pieces of legislation have been enacted to address the issue. One is the 1988 Family Support Act, which, as part of an effort to reform welfare, includes child care assistance for women in school or training or who work. The other is the 1990 Child Care and Development Block Grant,

which, among other provisions, provides child care subsidies to low-income families. Although these pieces of legislation may be considered a step in the right direction, there is just too little money involved (Children's Defense Fund, 1994a, 1994b), so they may be considered, at best, only a partial solution to the problem (Zigler & Finn-Stevenson, 1996).

The recent attention to the child care issue is not surprising, given the increase in the number of infants and children who need child care. However, it belies the fact that the child care problem is hardly new; it has been a major social problem for nearly three decades. At the 1970 White House Conference on Children, the need for child care services was noted as the number one priority for the nation to address. At the time, Congress passed the Child Development Act, which would have enabled the country to begin to build a child care system. However, two obstacles—ideological arguments against the use of child care and the lack of public awareness of the need for child care services—stood in the way of policy action on the issue, and the bill was vetoed by President Nixon (Nelson, 1982). As a result, the problem exacerbated, reaching crisis proportions before finally attracting national recognition.

At the heart of the issue is the fact that child care continues to be regarded as an individual family problem to be addressed by parents. This is evident in the fact that the majority of businesses do not make provisions to ease the stresses associated with balancing work and family life and that despite the enactment of the family support legislation and the Child Care and Development Block Grant, we are still far short of having a comprehensive solution to the problem.

In an attempt to address the problem, it is important to identify its various parts, because no society acts until it has a sense of the immediacy, magnitude, and nature of the problem (Zigler & Finn, 1981). One aspect of the child care problem is the high cost of services. This is a major concern for parents, many of whom choose a child care facility solely on the basis of cost. This point is made by Hofferth and Wissoker (1992), who found that parents often switch facilities if the price increases. Precise data on what families spend on child care are not available, but it is indicated that parents pay anywhere between $1,500 and $10,000 a year, depending on the quality of care and the age of the children involved. It is estimated that full-time child care for preschoolers costs an average

of $3,000 a year, and that for infants the costs can exceed $9,600 a year. With the cost of care being so prohibitive, it is not surprising that it is one of the major factors in choosing child care.

The high cost of care is significant in part because child care costs are a major expenditure for families, and the amount of money families spend on child care is directly related to their income. Low-income families spend less on child care in absolute terms than do higher-income families, but the proportion of the family budget that is taken up by child care costs is greater among low-income families, who have to allocate as much as 25% to 30% of their earnings to child care (Friedman, 1987).

When parents select a child care setting, they are paying for an environment where a significant portion of the child rearing will occur. With children spending their entire day, every day in child care, this environment affects the child's course of development. If the quality of the environment falls below a certain level, the child's optimal development will be compromised.

Although mental health professionals are contributing in various ways to efforts to address the child care problem, especially significant have been the research studies undertaken to identify the factors associated with good-quality child care. Knowledge of such factors is important in the policy arena. For example, standards of quality and their expression in state licensing codes governing the operation of child care facilities are attempts to objectively define a basic minimum to ensure the well-being of children. But even this minimum is often not attained in the regulations in some states and there are no consistent standards of quality to which all states must adhere. In states where standards are considered good, the average quality of centers seem to be good as well (Helburn et al., 1995), but this is of little comfort given the fact that the standards in many states leave much to be desired.

In defining quality, a distinction is made between a child care environment that is nurturant and one that is merely custodial. In a nurturant environment, where children are given opportunities for play and social interactions and where providers interact with children and attend to their individual needs, providers are often trained in child development and are able to provide developmentally appropriate care. This is an environment, in short, that is conducive to optimal development and learning. In a custodial setting, or poor-quality environment, minimal attention is paid to

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the children, who are often left wandering aimlessly around the room or watching television.

In such environments, there are often too many children for any one caregiver to care for, and the children are placed in large groups thus receiving little if any adult attention.

The research has shown that good-quality child care is determined by several factors: group size, staff to child ratios appropriate for the age of the children, and providers and administrators who are trained in child development or a related field (Bredekamp, 1987; Hayes, Palmer, & Zaslow, 1990; Helburn et al., 1995). In terms of provider training in particular, it was found that providers who are trained in child development are more likely than those not receiving such training to be sensitive and responsive to the individual needs of the children and knowledgeable about creating an environment that is conducive to optimal growth and development (Roupp, Travers, Glantz, & Coelen, 1979). Continuity of care, that is, care by the same providers over time, is also an important determinant of quality (Phillips, 1987, 1995), and this assumes more importance with infants and very young children, who need to get to know and become familiar with the routines of caregivers to develop a sense of trust and security. In facilities of poor quality, staff turnover is over 40% (Whitebook, Howes, & Phillips, 1990). Many providers stay on the job for less than 6 months, then move on to other jobs. Multiple changes in providers or in child care arrangements created by staff turnover have been found to have a negative effect on children, resulting in insecure attachment to the mother (Hayes et al., 1990).

Although we know the determinants of good-quality care, the majority of children in the United States receive poor-quality care whether they are in child care centers, family day care homes, or in the care of relatives. Several national studies attest to this fact. One of the studies, known as the Child Care Staffing Study (Whitebook et al., 1990), found that in over half of the centers studied, the quality was poor, providers lacked training and were not adequately paid, and annual employee turnover was so high that it gave cause for concern, because infants and young children need continuity of care. In another national study, this one on children in family day care homes and the care of relatives, only 9% of such settings were rated as being of good quality, meaning that they offered care that was growth enhancing; 56% were rated

as adequate/custodial, meaning that they were neither growth enhancing nor growth harming; and 35% were rated as inadequate or growth harming. Family day care and relative care are usually used by parents of infants and toddlers because of the belief that the homelike atmosphere is more conducive to children's development. In theory, family day care and relative care can be good options. However, the majority of family day care and relative care occurs "underground" with providers being isolated from the child care community and unknown to regulators. It has been estimated that 75% to 90% of family day care homes are unregulated. This estimate is confirmed by the National Family Day Care Study noted above, which found that only 12% of family day care homes are regulated and only 1% of care by relatives is regulated (Galinsky, Howes, Kontos, & Shinn, 1994).

In the most recent study on cost, quality, and child outcomes in child care centers (Helburn et al., 1995), it was found that only 14% of centers could be regarded as providing good-quality care. In the majority of centers in the study, it was found that the environment is poor to mediocre, with almost half of all young children being in centers that are less than minimal in quality. Minimal quality was defined as follows: The children's basic health and safety needs are not met; there is little, if any, evidence of warmth and support provided by the adults to the children; and few if any learning experiences or opportunities for learning are provided.

The studies noted above on the quality of care also provided some information on supply-and-demand issues. In the area of availability of care for preschool children, there seems to be some debate, with some arguing that a sufficient number of child care slots exist to accommodate the need. Others point out, however, that although the number of preschool child care slots has kept up with demand, what is generally available is either of poor quality or too expensive for most families, and when taking this into account, it is evident that there is a lack of good-quality, affordable child care for preschoolers. There are no disagreements on two other aspects of the availability of care: one, that the demand for care far exceeds supply for infant child care and school-age child care and, two, that the need for child care services will continue to increase into the next century not only because more mothers will

be working, but also because the job market is expected to tighten over the next decade causing competition for workers. With child care paying only minimal wages, it is likely that providers will leave the field and opt for higher-paying positions (Committee for Economic Development [CED], 1993).

Another major problem associated with child care is the lack of a coherent child care system. What we have in place currently is a patchwork of services, some delivered by individuals out of their homes, others operated by nonprofit and for-profit groups in a variety of settings (CED, 1993). Few of the services are of good quality, the majority are not, and, given the lack of a system, we are unable to make any improvements with any assurance that they will be implemented and sustained.

Policy Responses. Attempts to create a more coherent child care structure have resulted in calls for both lesser and greater government involvement in child care. Some groups advocate limiting the role of government to tax credits for parents (these currently exist, but their value is diminished for poor families who are not earning enough to realize benefits associated with tax credits). Others argue for increased government spending and involvement in such issues as the regulation of child care facilities. These and other views were represented in the hundreds of bills introduced in Congress in recent years, which culminated in the passage of the 1990 Child Care and Development Act, mentioned earlier in the chapter. In keeping with the trend toward the New Federalism evidenced over the past two decades, the law makes funding available to the states in the form of block grants, leaving room for interpretation and allowing allocation decisions to be made at the state level (Cohen, 1996). To some extent, this represents an opportunity because each state can respond more readily to its population's needs. However, in light of the nonuniform standards for child care that exist across the United States (Young, Marsland, & Zigler, in press) and the diversity of services within the existing nonsystem, this legislation does not represent any gain in terms of establishing a comprehensive, accessible, quality system of child care and family support in this country; it merely provides some additional funds.

The greatest concern is that passage of the Child Care and Development Act of 1990 is counterproductive because although

Congress has viewed it as the solution to the child care problem, its effect in terms of better meeting existing child care needs has been negligible, and the majority of states continue to have insufficient funds to address even basic needs for child care subsidies (Blank, 1994; Cohen, 1996). For example, the law targets 75% of the block grant funding to serve low-income families. Prior to enactment of the law, California was able to provide subsidies for the care of approximately 25% of the low-income children in need of care. With funding from the Child Care and Development Act, estimates indicate that these programs serve approximately 30% of low-income families. Although an increase, the funding still falls far short of meeting the needs of all low-income families.

Guiding Principles. It is clear that the 1990 Child Care and Development Act has not resulted in a comprehensive solution to the child care problem. Given the scope of the child care problem, we need a comprehensive system that is developed on the basis of what we know from child development research on the needs of children and the programs that can successfully meet these needs.

Toward this end, several guiding principles have been identified as necessary for developing an effective child care system (Zigler, 1987). First, the system must provide universal access to quality child care and include a sliding scale for parental fees as well as direct subsidies for low-income families through federal, state, and/or local funding. Second, child care must promote the optimal development of children and should focus on all developmental domains, including physical, social, emotional, and cognitive. This is emphasized because at times early interventions focus solely on cognitive development, neglecting to emphasize the development of the child as a whole. Third, child care must be predicated on a partnership between parents and providers. Successful programs, such as Head Start, have demonstrated that much of their success can be attributed to the active participation of parents in the services provided to their children (Zigler & Muenchow, 1992; Zigler & Valentine, 1979).

The fourth guiding principle underscores the crucial role providers have in the quality of care children receive, and calls for recognition and support of child care providers through training, the provision of benefits, and pay upgrades. Fifth, based on the need to appreciate the heterogeneity of children and parents and their differing needs for child care and support, any child care policy must ensure a flexible system that is adjustable to the needs of families and available to families on a voluntary basis.

Finally, we must build a stable, reliable, good-quality child care system that is integrated with the political and economic structure of society and is tied to a recognized and easily accessible societal institution such as the public school. The need for such a system is apparent given the lack of coherent structure in the current patchwork of child care services in the United States.

School of the 21st Century. These principles serve as the foundation for a school-based child care and family support program known as the School of the 21st Century (21C) (Zigler & Finn-Stevenson, 1989). 21C calls for implementing a child care system within the already existing educational system, where possible, making use of available school buildings. The components of 21C include all-day (matching the length of parents' workday), year-round child care for children ages 3, 4, and 5; before- and after-school and vacation care for school-age children up to age 12; parent education and support from birth to age 3, based on the Parents as Teachers home visitation program, which provides parents with knowledge on ways they can effectively interact with children; information and referral for other services children and their families may need; health and nutrition; and outreach to family day care providers. This latter component is included because family day care providers, who often care for infants and toddlers, are isolated from others in the child care community and do not receive training or other support. In 21C, the school serves as the hub for family day care providers in the neighborhood, providing them with training workshops and other services they may need.

The components of 21C ensure a comprehensive array of services for children and families and also make possible continuity of care and support for children to provide the foundation on which development and learning occur. The strength and ultimate potential of 21C stems from its comprehensive nature and integration with the education system. By eliminating the distinction between child care and education, 21C embraces and actualizes the notion that learning begins at birth and occurs in all settings, not just within the classroom. This guarantees the necessary consistency and

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continuity of care as well as enrichment opportunities for children to realize their developmental potential.

In 21C, the school is no longer seen as a building in which formal schooling is delivered during limited hours. Instead, the school becomes a place where formal schooling, child care, and family support occur together. Whereas ordinarily schools would operate from 8:00 in the morning to 3:00 in the afternoon, 9 months of the year, in 21C, the school building is open from 6:00 or 7:00 in the morning to 6:00 in the evening, 12 months a year to provide formal schooling and also core child care and family support services. Existing school and community programs, such as Head Start, other preschool or after-school services, and programs serving children with special needs, become a part of 21C, which enables coordination of services, activities, and resource sharing.

Using existing school buildings and the organizational structure of the school district is a cost-effective approach to building a child care system and means that good-quality, affordable child care can be made available to parents on a sliding scale fee system calibrated to family income. School districts do need, however, either to raise funds or reallocate money to cover a start-up period of about a year, and in many cases this has been done among schools implementing 21C. The program has been financed in a variety of ways. Generally, start-up funds to support renovations and purchase of materials and the operation of the program for the first year have been provided by community foundations and corporations or by enabling legislation (in Kentucky and Connecticut). After the first year, programs operate and even make a profit (which is put into the program to support various components and staff training) on the basis of parental fees for the child care services, which, as noted earlier, are based on a sliding scale schedule. In cases of low-income families, arrangements for public subsidies are made or, as some schools have done, a consortium of corporations in the area near the schools donate money to a scholarship fund that is used to offset tuition costs for needy families. Collaborating with Head Start programs, including special education children and using Chapter One funds, is among the other ways that schools have been able to expand the scope and reach of the program once it is implemented. Several schools have also become Medicaid case managers, and this has enabled them to realize a profit that is then put into the operation of the program (Lubker, 1995).

From a policy perspective, it is essential to approach 21C as an investment in human capital, not as a cost to be assessed in terms of present value. The long-term benefits that school districts and society stand to realize by investing in this program are detailed in several longitudinal studies on the effects of early childhood education efforts. These studies, detailed in a special issue of the *Future of Children* ("Long-Term Outcomes," 1995), reveal numerous benefits associated with early education, including improved grade retention rates, reduced use of special education and other special services, fewer graduates on welfare, increased rates of college attendance, and decreases in delinquency and social problems. In terms of costs and benefits, a conservative estimate indicates that for approximately every dollar invested in high-quality, developmentally appropriate preschool programs, a subsequent $7 savings will be realized (Barnett, 1992).

Although schools in a variety of urban, rural, and suburban communities have successfully implemented 21C, there are several issues associated with implementing the program. One concern is who operates the program. Given that professional educators, principals, and teachers are already overburdened and working tirelessly to enhance or just maintain the quality of schools, it is not appropriate to expect them to take on the responsibility of operating child care and family support services. Also, most school personnel do not have the training or expertise required in working with young children and their families. Instead, in 21C, services are headed by a person with a degree and training in early childhood education. The day-to-day care of children in the program is handled by staff trained in early childhood, child development, or a related field, with provisions made for ongoing staff development (Yale Bush Center in Child Development and Social Policy, 1992). Another implementation issue concerns space. At present, given increased enrollments, space in elementary schools is at a premium and schools have had to adjust by using modular units or renovating previously unused space. Space needs change as enrollments grow and decline over the years, and school districts have to adjust accordingly. In many communities, lower enrollments in elementary schools are predicted for the coming years as the "baby boomlet" subsides and also because the poor economy has resulted in fewer births. From a long-term perspective, however, it is important to plan for child care in the school. This had taken place for some

years in the province of Ontario, Canada, where every school building built had to include space for child care.

Over 400 schools in 13 states have implemented 21C, providing an example of how, on the basis of the research and an understanding of the policy process, we can be instrumental in the development and implementation of needed programs and services. There is a need for other policies to address the needs of working parents (e.g., providing flexible work schedules and family leave so parents can take care of newborn infants or at times when children or other family members are ill). It is beyond the scope of this chapter to go into detail about these; suffice it to note, however, that researchers' involvement in these issues has been substantial (see, e.g., Zigler & Frank, 1988).

Divorce

Researchers have also been instrumental in contributing to the understanding and the development of policy directions and programs concerning children of divorce. Divorce has been cited as a contributing factor in the changes in family life as discussed in the background section of this chapter. Single-parent families, for example, are often the result of divorce. Also, for many women and children in particular, divorce contributes to a greatly reduced standard of living, often leading to poverty.

The number of children who experience the divorce of their parents rose dramatically between 1965 and 1979. Since 1979, the rate of divorce has declined and seems to have leveled off (Hernandez, 1988, 1995). Nevertheless, it is estimated that about 50% of children born in the past decade will experience the divorce of their parents and that most of these children will also experience the remarriage of one or both of their parents, and, after living for a period of time in a single-parent family, they will live in what has come to be known as a blended or reconstituted family (Hetherington, Hagan, & Anderson, 1989).

In their investigations of children's responses to the divorce and remarriage of their parents, researchers found that for some children, divorce may have some benefits in that the children do not have to continue to live in a dysfunctional family. However, most children experience changes in marital arrangements as stressful, and only some of them are able to cope with the changes and eventually adapt to their new family life (Hetherington et al., 1989). Many of the children suffer sustained developmental disruptions as a result of the changes in family life, and some appear to adapt well in the early stages of family reorganization but show delayed negative effects at a later time ("Children of Divorce," 1994; Wallerstein, 1988, 1991). Tschara, Johnson, Kline, and Wallerstein (1990) found that children had difficulty adjusting to the divorce if they were older, had prior psychological problems, and had parents with more marital conflict. Hetherington et al. (1989) found that the long-term effects of divorce and remarriage appear to be related to a number of factors, including the child's developmental status, sex, and temperament; the quality of the home environment; and availability of support systems both to the parents and to the child.

The number of stressors the child experiences is also a factor, because, as noted earlier, a single stressor typically does not carry with it appreciable psychiatric risk, but multiple stressors increase the risk for mental dysfunction (Rutter, 1980). In this regard, particular concern is noted for children whose custodial parent experiences extreme economic difficulties for an extended period of time and/or whose noncustodial parent fails to pay for child support. Children whose parents suffer emotional and psychological difficulties as a result of the divorce are also likely to experience multiple stressors. Researchers have found that when parents' distress is acute, the parents fail to attend to the needs of their children, they do not recognize the children's painful experience with the divorce, or they burden the children with their own adjustment difficulties (Kurdek & Blisk, 1983).

This knowledge about the effects of divorce on children has led to recent policy decisions in some states to make divorce more difficult to obtain (e.g., requiring a 1-year waiting period), with advocates of such policies noting that this is an effort to address the needs of children (Seppa, 1996). Such policy efforts are just now beginning, and researchers can contribute by engaging in research that would help illuminate whether children are better off experiencing the divorce of their parents and not staying in a dysfunctional family environment, or would they benefit in the long-term if their parents had to continue to remain married despite martial difficul-

ties. This is not an easy question to settle, and the answer may vary depending on children's temperament as well as other factors and circumstances. Additionally, because some studies have shown that at times children may appear to be adjusting and only several years later present negative symptoms as a result of divorce, it is important to base policy decisions on findings from longitudinal research (Amato, 1994).

Among children of divorce, the most vulnerable are the children whose parents engage in legal battles over custody issues. The children are at substantial risk not only because of the adversarial environment in which they have to live, but also because custody battles can continue indefinitely. Judges attempt to make custody decisions on the basis of the best interests of the child. However, neither judges nor lawyers are prepared for the arduous task of determining the best interests of the child. Nor are they trained to interview the child, consider his or her developmental and emotional needs and concerns, or weigh the urgency of the child's condition and circumstances (Wallerstein, 1986; Wallerstein & Corbin, 1996). Recognizing the child as the hidden client in divorce proceedings, Goldstein, Freud, and Solnit (1973, 1979) have made an attempt to provide guidance to lawyers and judges by incorporating legal considerations within the framework of principles drawn from developmental psychology and psychiatry. They recommend that decisions regarding child custody be made quickly, that an effort be made to avoid prolonged proceedings, and that whatever decision is made have final effect that is not reversible. They further recommend that judges award full custody of the child to one "psychological parent." There is controversy surrounding this latter recommendation. Some psychiatrists emphasize the psychological value for some children of maintaining a close relationship with both parents, even those involved in a bitter dispute over custody issues (Guidibaldi, Cleminshaw, & Perry, 1983). Others maintain that as the developmental needs of children change with age, so should custody decisions (Kelly, 1994). However, although some of their recommendations are controversial, Goldstein et al. paved the way for other researchers to think about the use of knowledge and theoretical principles in establishing criteria for practical decisions that involve children.

Mediating the effects of divorce. Some researchers have advocated the use of mediation as a means of reducing the stressful effects of divorce on children. Some parents, for example, turn to trusted friends of family members or other professionals outside the judicial system (e.g., clergy) for advice on decisions pertaining to divorce (Bloom, Hodges, & Caldwell, 1982). Also, during the past decade, formal mediation for divorce in general and custody issues in particular has become increasingly available. In such an option, a mediator is assigned to assist parents in making decisions. Although some are concerned that mediation puts women at a disadvantage (Grillo, 1991), the need to protect children from prolonged divorce proceedings and legal battles over custody issues has led several states to enact laws mandating mediation as the first step in the process (Kelly, 1994). These laws will no doubt be refined over time as more knowledge from the research becomes available, but they are indicative of the uses of the research in the policy arena.

Although, as is evident in the discussion above, policymakers and legal professionals are seeking guidance from researchers in the matter of divorce and its effect on children, the accumulation of psychological knowledge has not kept up with rapid changes that have occurred in family law. Hetherington and Camara (1984) and Wallerstein (1986, 1988) make this point, indicating that knowledge about the effects of divorce on children and postdivorce parent-child relationships is still fragmentary, with several important questions remaining to be addressed. Behrman and Quinn (1994), in a review of studies on how policy and program changes can better serve the needs of children experiencing the divorce of their parents, also note the need for further research, but emphasize the importance of using current knowledge to educate parents, attorneys, and judges about the effect of divorce and marital conflict on children. Given what we know to date about the effects of divorce, other professionals who interact with children should also have access to the available knowledge base. Teachers, for example, need to be alerted to findings from the research on the effects of divorce on children and parents so they can be sensitive to any changes in children's behavior, counseling them on ways they can cope with the changes in their lives (Kurdek, 1981) and if necessary, providing them with support services.

Integrating Research and Policy

Family Support Service

The need for support services is noted not only in reference to children and parents who experience divorce but also in reference to other families. Families, like individuals, have a certain life course in which, at particular points, stresses and crises are a natural state of affairs. At those times, support programs can be invaluable in helping family members to use their strengths and rally to cope with the problem, thus warding off severe family dysfunction and mental health disorders (Riessman, 1986).

In response to the widespread need for such programs, a host of family support services has been developed and implemented in recent years. Although many of the programs were developed by the very people who need the support, others have been developed in collaboration with mental health professionals who have participated not only in the development and implementation of such programs (Weiss & Halpern, 1990), but also in attempts to evaluate them and ascertain which types of services are best suited for and have the most effect on children.

As a result of a cycle of experimentation and revision in the area of program development and evaluation, we have amassed a great deal of information on various family support services and on other types of programs as well ("Long-Term Outcomes," 1995; Price, Cowen, Lorion, & Ramos-McKay, 1988). This knowledge, derived from three decades of program research, "totally transforms the nation's capacity to improve outcomes for vulnerable children" (Schorr & Schorr, 1988, p. 3). It includes evidence on the effectiveness of a number of programs that reduce the burdens of risk factors in childhood, thereby reducing the probability of later damage (for a review of effective programs, see "Long-Term Outcomes," 1995; Price et al., 1988; Schorr & Schorr, 1988).

Besides the fact that information about effective programs exists, there is evidence to the effect that it is not necessary to change everything—the structure of opportunity, the neighborhood environment, and other aspects of the child's life—to make a crucial difference for children at risk (Hamburg, 1982). However, this knowledge is not being used to alter the life path of many of the children who are growing up under stressful conditions.

Problems in the Use of Research

The failure to use knowledge from the research stems from several problems. First, the information on effective programs is sometimes not shared with the public or with policymakers (White, 1988). Thus, programs, many of them at the demonstration stage, fail to be replicated on a larger scale. Even in cases where programs' potential benefits are known, there is skepticism that such programs, once they are replicated, will continue to be effective (Weiss & Halpern, 1990). Although this is a valid concern, Schorr and Schorr (1988) note that successful programs can be built on and expanded if we can attract and train enough skilled and committed personnel, if we devise a variety of replication strategies, and if we resist the lure of replication through dilution. This latter point is significant because, often, in an effort to serve as many children as possible, programs are diluted, thus diminishing their quality and potential benefits (Zigler & Berman, 1983).

Another problem standing in the way of using research in the policy arena is the uneasy relationship between researchers and policymakers. Describing the relationship, Maccoby, Kahn, and Everett (1983) note that policymakers often regard researchers as impractical and may be skeptical of policy recommendations coming from researchers who do not seem to understand the complexities of achieving a consensus among rival constituencies. Researchers, on the other hand, seem to regard policymakers as disingenuous and too willing to compromise even when the research evidence does not justify such action. Meltsner (1986) also observes that part of the tension and mistrust between policymakers and mental health researchers emanates from the assumption that knowledge from research is value free whereas policies are made in a value-laden context. However, this characterization of research and policy is misleading. Often, scientific research takes on the values of the investigators, as is evident in the questions asked, methodologies employed, and the interpretation and presentation of the findings.

In discussing the failure to translate research findings into large-scale programs and policies, Zervigon-Hakes (1995) notes that part of the problem stems from the fact that policymakers and researchers not only work in vastly different arenas, they have vastly

different communication styles and different interests, and these differences stand in the way of creating collaborations.

The problems are further exacerbated by the fact that researchers are often perceived as unable to provide clear answers to policy questions or, looked at from another perspective, that policymakers are unable to ask questions in a way that would lead to valid and reliable research (Maccoby et al., 1983). In part, this problem stems from the unrealistic expectations policymakers have and their inability to appreciate the fact that single studies cannot, in and of themselves, provide definitive answers to questions. But researchers also contribute to the problem. White (1988) notes that often, researchers are unfamiliar with the policy process and/or are unable to "read" political issues. They hold to long, slow standards of proof and refutation that are, in the policy arena, "obstructive and nihilistic." Thompson (1993) makes a similar point, noting that often, policy issues do not lend themselves easily to research and that research findings are often limited in their applicability to policy because of sampling and measurement issues. Although it is imperative that researchers uphold their professional standards and credibility as scientists (Zigler & Finn-Stevenson, 1987), there are times when findings from the research, even if they are not entirely conclusive, can nonetheless provide a direction for policy. For example, the research on the effects of child care on children's development has been for a time controversial, yielding conflicting findings that serve to confuse the public and policymakers (Clarke-Stewart, 1989). Although research on the topic is continuing and would no doubt lead to clarifications as to which type of care affects children in what ways and at what particular age, researchers were able to convene and come to a consensus that indicated that as long as young children are in good-quality child care settings, they will not be adversely affected by their experiences in child care. This led to a policy recommendation for efforts to monitor the quality of care children receive and ensure that all children receive care that is conducive to optimal development (National Center for Clinical Infant Programs, 1988). It is apparent that there are circumstances—such as the reality of an increasing number of children in child care—when our awaiting definitive conclusions from the research is counterproductive, especially when action can be taken at the same time that research on a particular issue is continuing.

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Strategies for Change

Understanding these and other problems that often impede the use of research in policy is important if mental health researchers are to have an effect in the policy arena. This point is made by Lindblom (1986), who identifies four general guidelines for researchers to follow to encourage the use of research in carving out policy directions: that researchers be concerned in a nonpartisan way with the values and interests of society in general and children in particular; that they take a practical approach and suggest policies that are feasible and have a chance of attracting widespread political and public support; that they respond to the needs of policymakers and provide them with recommendations for action on the basis of the knowledge from the research; and that they become cognizant of and responsive to the policy process.

It is also suggested that researchers make serious attempts to disseminate the findings from the research, not only to policymakers but to the general public through the mass media (Zervigon-Hakes, 1995). This suggestion is made in view of the fact that no society acts until it has a sense of the immediacy of the problem (Zigler & Finn, 1981). This is illustrated in the founding during the 1960s of the Great Society. During that time, social issues were covered in major newspapers and were in the forefront of national attention. There were daily stories on welfare mothers, reports on poverty, and expositions on hunger in the United States. Hence there was sympathy for the poor and public support for policies related to the War on Poverty (Zigler & Valentine, 1979).

Although for a time thereafter there was appreciably less interest in issues pertaining to children and families, there are some indications that this is changing. First, developmental psychologists, psychiatrists, and others in the mental health field are becoming aware of the need for enhancing public awareness on the needs of children (McCall, Gregory, & Murray, 1984). And, in a departure from their past practices, many mental health professionals are no longer satisfied with simply sharing information with one another. Rather, they disseminate their knowledge not only by presenting their findings directly to policymakers but also by taking steps to ensure that the information is covered in the popular media. Indeed, the dissemination of research in the context of the popular media has come to be accepted as an important aspect of the

training received by some professionals in the field of mental health (Stevenson & Siegel, 1984).

Many professionals in disciplines related to child development are also receiving training in the integration of research and social policy, learning not only about the policy process but also about some of the ways to merge their knowledge with that of policymakers in the formation of programs and policies for children. The success of such efforts is evident in the numerous issues, such as child care, divorce, and the need for family support services, that only a few years ago were not discussed much but that now command national attention. The success of these efforts is further evident in the fact that an increasing number of policymakers are now acknowledging the importance of knowledge from the research in the formulation of policies and are actively seeking the collaboration of professionals in the field of mental health. If professionals from the research community and the policy arena continue to work together in this spirit of collaboration, we will be able to bring about much needed societal changes that will enhance child and family life.

The opportunity to make such changes is present in the *Healthy People 2010* initiative. Several recommendations are made in context of this effort, all of which are important. However, given our discussion in this chapter, additional objectives are warranted: that by 2010, all children would have access to good-quality child care and that provisions be made to increase the availability of support services to families. These objectives would enhance the *Healthy People 2010* initiative by focusing on the prevention of problems and may be included either as new objectives or as recommendations proposed for achieving existing objectives. In efforts to reduce the proportion of young people who use alcohol and drugs, for example (Objective 4.6), the availability of child care is noted as an important recommendation for action because the research has shown that young adolescents who are in supervised after-school programs are less likely than those who are not to abuse drugs and alcohol (Richardson, Dwyer, & McGuigan, 1989). Also, in efforts to reduce the prevalence of mental disorders among children and youth (Objective 6.3) most of the existing recommendations for action focus on interventions rather than prevention and would be enhanced if family support services were made available to families as may be needed from the birth of the child throughout the

childhood and adolescent years. It is through such dual focus on prevention and intervention that we can achieve meaningful change that will be sustained over time.

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